

Academic Internship Release of Liability

ACADEMIC INTERNSHIP RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Internship Course: Required

Internship Course Instructor (Faculty Name) Required

Internship Site (Agency/Organization Name) Required

Internship Term and Year: Required

Description of Academic Internship Required

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, **including claims of the University's and/or Auxiliaries' negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or

other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University and/or Auxiliaries **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I understand and agree that while participating in this activity, I remain subject to the rules, regulations, and policies of the activity and Cal Poly Pomona University, as stated in Title 5 of the California Code of Regulations, Section 41301, Standards for Student Conduct.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Name of Participant

Signature of Participant

Clear signature

Are you 18 years of age or older?

Yes

No